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PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 167
County Registrar No. 33
Local Registrar No. _____

1. County of Gila
District of _____
Town of Miami
or _____
City of _____

No. Warrior Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Juan Medina { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Jan. 16, 1927
Month Day Year

8. FATHER
Full name Severo Medina
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
10. Color or race Mex. 11. Age at last birthday 21 (Years)

14. MOTHER
Full maiden name Guadalupe Lemmon
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
16. Color or race Mex. 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Durango, Mex.
(State or country) Mex.
13. Occupation Laborer
Nature of industry Mining

18. Birthplace (city or place) Globe, Arizona
(State or country) Arizona
19. Occupation Housewife
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 5 A. m. on the date above stated
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Byrle M. Brown M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report _____ Filed Feb 7, 1927 L. E. Trim
Month, day, year. Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

141-116-735